

VISIT CLEARANCE

U.S. Department of Transportation
Office of the Secretary of Transportation

VISIT REQUEST: Subject to local restrictions, approval of the visit(s) outlined below is hereby requested. Please reply only if negative.

1. FROM: <i>.(complete address of requesting element)</i>	2. ACTIVITY TO BE VISITED	3. IN REPLY REFER TO:
		4. DATE OF REQUEST
5. NAME AND ADDRESS OF CLEARANCE OFFICE <div style="text-align: center;">TO</div> <div style="text-align: center;">(FOLD ON THIS LINE)</div>		6. INDIVIDUALS OR OFFICES TO BE CONTACTED
7. DURATION OF VISIT A. FROM		8. LEVEL OF ACCESS CLEARANCE NEEDED
B. TO		

9. PURPOSE OF VISIT, REMARKS AND OTHER PERTINENT DATA

10. INITIATING OFFICE			11. SIGNATURE OF OFFICIAL AUTHORIZING VISIT	
12. LAST NAME - FIRST NAME - MI	13. U.S. CITIZEN	14. DATE/ PLACE OF BIRTH	15. SSN	16. SECURITY CLEARANCE DATA
17. NAME AND IDENTITY OF OFFICIAL CERTIFYING SECURITY CLEARANCE DATA			18. DATE	19. SIGNATURE

20. COPY TO: